

# FITNESS BOOTCAMP

**NEW** Includes Fat Loss Meal Plan, Recipes, Measurements & Weigh Ins!

**MON/WED/FRI 6 AM or 6 PM**

**4 WEEKS 12 Sessions**

**Starts Sept 5<sup>th</sup> 2011**

**EARLY BIRD**

**AUG 1<sup>st</sup>**

**SAVE \$15**

**NEW HEIGHTS**

Fitness and Wellness Centre

New Heights Fitness & Wellness Centre **519-364-2224** [www.mynewheightsfitness.com](http://www.mynewheightsfitness.com) 19-16<sup>th</sup> Ave. Hanover Business Park

# BOOTCAMP REGISTRATION FORM

Email this Form to [info@mynewheightsfitness.com](mailto:info@mynewheightsfitness.com), Fax it to 364-0010 or drop in your registration to New Heights in Hanover's Business Park. In order to hold your place we must receive payment with registration so please call in credit card (364-2224) or drop in payment to club.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Contact Name & Number \_\_\_\_\_

**4 Weeks** 6 AM or 6 PM (CIRCLE one)

**NEW** All Participants Will Receive A Fat Loss Meal Plan, Measurements & Progress Check To Help You Lose Weight And Stay On Track!

**YES** I would like a FREE fat loss meal plan or **NO** I don't wish to get one. (circle)

**Starts Sept 5<sup>th</sup> Members \$99 for 12 sessions / Guests \$115 for 12 sessions**

**Waiver and Release** – the individual understands that he or she is a willing participant of the fitness and nutrition program and is participating at his or her own risk. By signing this document, the individual acknowledges that he or she waives all rights he or she may have to assert a claim against New Heights Fitness and Wellness Center, its associates and/or staff should he or she experience illness, injury or loss of life as well as theft for any reason. The individual hereby acknowledges that he or she has read over this waiver and release and fully understands that it is a release of all liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_